

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590 359

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1					
2		1				
3		1				
4		1				
5		1				
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7	1					
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12	1					
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	9	←	9	←		
TOTAL CLAIMS	13		13			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.				↓		
TOTAL DEP.				←		
TOTAL CLAIMS				←		